

CLAIMS ONLY						Application Number <u>10/697876</u>	Filing Date			
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* Indep	* Depend	* Indep	* Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1		/					51			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep			/				Total Indep			
Total Depend			7				Total Depend			
Total Claims			8				Total Claims			